

PART B - FEE(S) TRANSMITTAL

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7590

02/19/2002

Robert P Bell
 8033 Washington Road
 Alexandria, VA 22308



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03/07/2002 EAREBYE 00000024 09466127

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640.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/466,127	12/21/1999	ALEXANDER E. SMITH	37223.010800	9806

TITLE OF INVENTION: METHOD AND APPARATUS FOR CORRELATING FLIGHT IDENTIFICATION DATA WITH SECONDARY SURVEILLANCE

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
20	nonprovisional	YES	\$640	\$0	\$640	05/20/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAN, DAO LINDA	3662	342-387000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Robert Platt Bell

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RANNOCH CORPORATION

ALEXANDRIA VA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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- ☐ Advance Order - # of Copies _____

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